Intervention: Group-Level Interventions (GLIs)

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

- ☒ Nonprofits or local coalitions
- ☐ Schools or universities
- ☐ Health care providers
- ☐ State public health departments
- ☐ Hospitals, clinics or managed care organizations
- ☐ Businesses or labor organizations
- ☐ Media
- ☐ Local public health departments
- ☐ Policymakers
- ☒ Other: AIDS service organizations

Background on the intervention:

Group-Level Interventions (GLIs) are interactions among more than one client and the service provider, usually occurring face-to-face.

Key components of GLIs include: (1) Voluntary participation; (2) Interactions with more than one client, usually multi-session, usually face-to-face; (3) Group members have similar risk behaviors or life circumstances; and (4) Sufficient intensity to make behavior change likely; 4-6 hours for each participant is considered a minimum.

Key services of GLIs include: (1) Assessment of issues facing group members, including risk behaviors and concerns; (2) Use of group interaction to normalize and reinforce behavior change; (3) Skills-building activities designed to help group members initiate and maintain behavior change.

Findings from the systematic reviews:

Behavioral outcome studies using a comparison group show greater changes in attitude and risk behaviors among participants of intensive, interactive sessions on HIV knowledge and risk behaviors skills training than control group participants either participating in a single session (St. Lawrence, et al. Journal of Consulting and Clinical Psychology 1995:63:2), receiving interventions unrelated to HIV (e.g., Jermott, et al. American Journal of Public Health 1992:82:3.), or not participating in any intervention (Rotheram-Borus, et al. JAMA 1991: 266; Magura, et al. Journal of Adolescent Health 1994:15).

A group-level intervention for high-risk urban women that was shown to significantly increase condom use costs just over $2,000 for each quality-adjusted life-year (QALY) saved. The total societal cost per client was only $269 (Holtgrave DR, Kelly JA 1996). Similarly, a study of the cost effectiveness of a group-level intervention for gay men found similar success in terms of cost-effectiveness (Holtgrave DR, Kelly JA 1997).

A study of over 3,700 inner-city, largely minority adults compared the effects of seven 90-to-120-minute sessions of behavioral interventions to the effects of a one-hour AIDS education session (control group) on the frequency of unprotected sex. In order to qualify for the study, participants must have had unprotected sex with a new partner or a partner with (or at risk for) HIV infection within the 90 days preceding the study. Results showed that, while the frequency of unprotected sex declined for both groups, the decline was much more significant for those participating in the seven-session group-level intervention.

According to a National Institute of Mental Health (NIMH) study, the group behavioral intervention is more effective for three reasons:

1. It provides a cognitive component beyond straight information processing; participants can analyze the personal relevance of what they are learning and weigh the cost-benefit ratio of changing their behavior.
2. It allows for the skill-building that is a necessary prerequisite for safer behavior.
3. It helps normalize behavior and reinforces one's motivation to fit in with his or her peers.

Individual and group interventions are effective, but insufficient for community change in high-prevalence communities. There is some evidence that group interventions may be more effective than individual interventions due to social reinforcement and support. Individual interventions may be more appropriate for highly marginalized or hidden populations (Choi KH, Coates TJ).

Additional information:

See CDC's Diffusion of Effective Behavioral Interventions (DEBI) for evidence-based, population-specific group interventions. Available online at: www.effectiveinterventions.org

The Wisconsin Department of Health and Family Services (DHFS) has developed core requirements for providing these interventions. Organizations undertaking these interventions should consider the recommendations outlined below.

Agencies providing Group-Level Interventions agree to:

1. Provide multiple sessions or a single extended session (4 hours at a minimum) to clients who share risk behaviors or life circumstances.
2. Provide services to clients free of charge.
3. Conduct the Wisconsin HIV Behavioral Risk Assessment Tool, where appropriate and feasible, at the start and end of the group and at follow-up.
4. Coordinate services with appropriate agencies in their service area to facilitate client recruitment and referral to appropriate services.
5. Provide clinical consultation for Group facilitators.
6. Establish agency policy and procedure guidelines regarding client confidentiality, record-keeping, session documentation, recruitment and referral, and service delivery.
7. Comply with state data collection requirements, including timely submission of quarterly reports to the Web-based reporting system; completion of client level demographic and referral data, attendance at group sessions; and completion of necessary consent forms and authorizations for disclosure of information.
8. Establish and implement quality assurance methods for GLI services delivery.
9. Adhere to Wisconsin Statutes related to HIV infection, including those concerning confidentiality.
10. Convene a Program Review Panel, consistent with requirements set forth by the Centers for Disease Control and Prevention (CDC), that reviews and approves all educational materials (brochures, fliers, posters, videotapes, audio cassettes, questionnaires or surveys, curricula or outlines for educational sessions, public service announcements, Web pages, etc.) supported with CDC funds. Provide to the Wisconsin Department of Health and Family

Services statements signed by the Chairperson of the Program Review Panel specifying the vote for approval and disapproval for each item that is subjected to review.

References:

Choi KH and Coates TJ. Prevention of HIV infection. *AIDS* 1994*;* 8: 1371-1389

Holtgrave DR, Kelly JA. Cost-effectiveness of an HIV/AIDS prevention intervention for gay men. AIDS and Behavior 1997; 1(3):173-180.

Holtgrave DR, Kelly JA. Preventing HIV/AIDS among high-risk women: the cost-effectiveness of a behavioral group intervention. American Journal of Public Health. 1996 Oct.; 86(10):1442-1445

National Institute of Mental Health (NIMH) study entitled NIMH multisite HIV prevention trial tests efficacy of behavioral intervention. This study is available online at: www.aegis.com/pubs/aidswkly/1998/AW980607.html.

Seal DW, Winningham, AL. Scientifically sound HIV prevention interventions: Summary of critical reviews. Report prepared for Wisconsin HIV Prevention Community Planning Council, Wisconsin AIDS/HIV Program (September 9, 2003).

Wisconsin HIV Prevention Community Planning Council, 2005-2008 Wisconsin Comprehensive HIV Prevention Plan (2005).

Wisconsin AIDS/HIV Program. Wisconsin AIDS/HIV Program HIV prevention intervention plan and data collection and reporting forms (October 2001).